FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		INIZATION nstructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if r is changed		
Missourians f	or Accountability and Cha	nge (MACPAC)	
ADDRESS (number and	607 14th Stre	et, NW, Suite 800	
ADDRESS (number and	street)		
(Check if addi	Washington		DC 20005 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA  PLGroup@pei			
Laroup@per			
ш			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX I 2024341690	NUMBER		
2. DATE 0 7	D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	
3. FEC IDENTIFICA	ATION NUMBER	C C00431122	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A	)
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief it is true, corre	ect and complete
Type or Print Name of	Treasurer Brian H. N	May	
Signature of Treasure	r Electronically Filed by <b>Bri</b>	an H. May	Date 07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	nation may subject the person signing this	s Statement to the penalties of 2 U.S.C. S437g.  ED WITHIN 10 DAYS
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-99	nmission FEC FORM 1 530 (Revised 02/2003)